



## Connecticut Academy of Physician Assistants

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**TESTIMONY by the  
Connecticut Academy of Physician Assistants (ConnAPA)  
for the  
Connecticut Appropriations Committee Public Hearing  
on  
An Act Implementing the Governor's Budget Recommendations  
Concerning Social Services**

The Connecticut Academy of Physician Assistants (ConnAPA) is part of a national network of constituent chapters devoted to representing and promoting the interests of physician assistants who deliver health care to CT residents. The Academy is organized for educational and scientific purposes to represent physician assistants and the CT residents with main goals to:

- Promote the delivery of quality health care
- Act on behalf of physician assistants regarding legislation pertaining to physician assistant practice, licensure, and other matters deemed pertinent to the profession.
- Promote and provide public education regarding the physician assistant profession to other medical professionals and the general public.
- Maintain liaison relationships with other health care organizations.

The mission of ConnAPA is to promote quality, cost effective, and accessible health care and to promote the professional and personal development of physician assistants.

The Connecticut Academy of Physician Assistants submits this written testimony because according to the FY 2010-11 Mid-Term Budget Adjustments, Governor Rell is proposing multiple cuts to health care services. ConnAPA is concerned that these proposed budget cuts will disproportionately affect healthcare programs serving low-income recipients, who are more likely to be uninsured or under-insured.

ConnAPA is encouraged that while the national health care reform debate continues in Washington, Connecticut is proceeding with its own plan to provide coverage for thousands of uninsured state residents. As we work toward this goal, however, ConnAPA is concerned about the overall effects of numerous proposed budget cuts to Medicaid, Charter Oak, and HUSKY. We believe cuts to these programs will lead to LESS ACCESS to health care for the most vulnerable women, men and children in the state of CT and, in turn, higher costs for CT residents and the state as a whole.

As Physician Assistants, we care for patients in primary care clinics, family medicine clinics, pediatric clinics, women's clinics, emergency rooms, and hospitals - virtually every setting and age-group along the health care continuum. We see CT residents daily as they seek health care services. With cuts to these programs, we believe many CT residents will simply go without needed health care and potentially be harmed in the process. A co-pay of \$5 or \$10 may mean a mother skips the clinic appointment. Unfortunately, a week later she may have to make an urgent visit to the ER for "shortness of breath" and the more serious diagnosis of pneumonia at a cost of a couple thousand dollars. This is a pattern we see often when patients are deterred from seeking care because of co-pays. If they wait too long, their conditions worsen, prompting them to seek more acute and more expensive care. PAs experience directly how cuts to funding limit access to

care from both the patient perspective and from a practice perspective. If there is a cut to Medicaid funding, that in turn, decreases reimbursement to practices. This leads to limits on the number of Medicaid patients that are seen by any one practice. The more we leave these patients out, the more limited their access to care providers will be.

The 2001 Connecticut Office of Health Care Access (OHCA) household survey on health care access found that 22.5% of those lacking health insurance (vs. 5.1% of the insured) did not have a primary source of medical care.<sup>1</sup> This makes CT's residents without access to health care vulnerable to becoming acutely ill and requiring intensive or emergency care, that increase the long-run costs for the state and, subsequently, taxpayers. Increased severity and frequency of illness make it difficult for individuals to either hold a job or obtain one that offers health benefits.<sup>2</sup> Thus, this lack of access to health care and poverty becomes a vicious cycle.

Connecticut loses between \$584 million and \$1.164 billion in increased morbidity and mortality because of preventable illness in the uninsured. This is according to the Connecticut Center for Economic Analysis (CCEA) study of 2005. As you already know, an estimated 10.5 percent of the state's population has no insurance, and the number continues to climb as unemployment rises. According to the *CT Comptroller's Analysis of the Uninsured in the State of CT*<sup>3</sup>, a dominant pattern that emerges is the close tie between economic well-being and the likelihood of being insured. Higher incomes, having two adults in the workforce, and having a stable, full-time job with a large employer, all correlate positively with being insured.

The Institute of Medicine (IOM) recently conducted a three-year study of people without health insurance, and the costs and consequences of the lack of health insurance.<sup>4</sup> The Universal Health Care Foundation of Connecticut asked the Connecticut Center for Economic Analysis (CCEA) to perform a similar review for Connecticut.<sup>5</sup> The CCEA study replicates and evaluates selected elements of the IOM study as they apply to Connecticut. This study uniquely profiles Connecticut residents without health insurance, discusses the consequences of the lack of health insurance for Connecticut, estimates Connecticut-specific costs of the lack of health insurance, and evaluates whether the IOM findings regarding national universal health insurance are applicable to Connecticut. This CCEA study characterizes Connecticut's population lacking health insurance and estimates the costs and consequences of the lack of health insurance in Connecticut.

A summary of the most focal CCEA findings for CT are as follows:

- Connecticut residents without health insurance are less likely to access care when they need it and consequently have worse health outcomes and a lower quality of life than the insured;
- Connecticut families with members who lack health insurance face substantial financial burdens;
- Connecticut loses between \$584 and \$1.164 billion annually because of preventable illnesses in those without health insurance.
- Despite our state's productive economy, Connecticut has a substantial number of people without health insurance;
- Hispanics and African-Americans are more likely to lack health insurance in Connecticut than in the U.S. as a whole and are substantially more likely to lack health insurance than Connecticut's white population;
- Connecticut's working poor run the greatest risk of lacking health insurance;

Without routine access to health care, these groups will continue to fall short of their potential to live long, healthy lives and to contribute fully to Connecticut society. Connecticut taxpayers and health care providers will continue to bear the costs of inefficiency of our health insurance system.

ConnAPA understands the need for budget cuts at this time. However, current programs targeted for budget cuts, Medicaid, Charter Oak, and HUSKY, provide many vulnerable CT residents access to health care at a time when it is the LEAST costly. Resolving the lack of health insurance

in Connecticut is a challenge to us all, and ConnAPA supports the continued efforts of the Sustinet Board in their efforts to develop a plan for universal health care coverage for CT citizens. However, in the meantime, we submit this question:  
Are these proposed budget cuts to less costly health care access both:

- 1) JUST - considering our most vulnerable citizens of CT are at issue?
- 2) JUDICIOUS - considering the expected downstream results of simple, untreated problems often developing into more serious, and even life-threatening, problems requiring much more expensive care?

For these reasons, ConnAPA respectfully urges a good faith reconsideration and review of these proposed budget cuts to Medicaid, Charter Oak, and HUSKY.

We thank you for the opportunity to submit this written testimony on behalf of the Connecticut residents we serve and for the over 1600 Physician Assistant care providers serving them.

Respectfully submitted,

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Government Affairs Co-Chair  
Connecticut Academy of Physician Assistants

Jeanine Sico, PA-C  
President  
Connecticut Academy of Physician Assistants

#### Endnotes:

<sup>1</sup> Center for Survey Research & Analysis (2002). "A Report Prepared for Office of Health Care Access," <http://www.ohca.state.ct.us/Publications/2001HouseholdSurvey.pdf>

<sup>2</sup> IOM (2002a). Care Without Coverage: Too Little, Too Late, Washington, DC: The National Academies Press.

<sup>3</sup> CT Comptroller Home Page: (See Appendix A) Accessed: Feb. 2010: <http://www.osc.state.ct.us/>

<sup>4</sup>IOM (Institute of Medicine, Committee on the Consequences of Uninsurance) (2004). Insuring America's Health: Principles and Recommendations, Washington, DC: National Academies Press.

<sup>5</sup>CCEA (CT Center for Economic Analysis) (2005) Uninsured: The Costs and Consequences of Living without Health Insurance in Connecticut <http://ccea.uconn.edu/studies/Uninsurance%20in%20CT.pdf>